

INTER-AGENCY PEPFAR ANNUAL PROGRAM STATEMENT US GOVERNMENT MISSION TO SOUTH AFRICA

I. PURPOSE

The purpose of this Annual Program Statement (APS) is to disseminate information about the US Government's President's Emergency Plan for AIDS Relief (PEPFAR) and to solicit applications for funding from prospective partners that support the PEPFAR initiative. The goals of the initiative are to:

- Prevent 7 million new HIV infections;
- Treat at least 2 million HIV-infected people; and
- Care for 10 million HIV-affected individuals and AIDS orphans and vulnerable children

PEPFAR is a \$15 billion, 5-year unified government initiative, directed by the Office of the Global AIDS Coordinator, and implemented in collaboration with the U.S. Department of State, the U.S. Agency for International Development (USAID), the Department of Health and Human Services (HHS) and other US Government Agencies.

Fourteen countries and one regional office in the Caribbean were initially selected to be part of the initiative based on high HIV burden, available country resources, and host government and civil society commitment to fighting the HIV epidemic. Detailed information about PEPFAR and supplemental information concerning this APS is available at: <http://southafrica.usembassy.gov/wwwh aids.html>. Interested applicants are encouraged to consult this website regularly.

Pending the availability of funding, the United States Government (USG) Mission in South Africa anticipates awarding grants or cooperative agreements (hereafter called agreements) to fund applications submitted in response to this APS. Applications may be submitted at any time up to December 31, 2004. They will be reviewed quarterly with the intention of undertaking the initial Tier I review in the first quarter of calendar year 2004. It is anticipated that agreements will be funded for amounts between \$1 million and \$30 million and that each agreement will be awarded for a period not to exceed 5 years.

This APS is issued as a public notice to ensure that all interested parties have a fair opportunity to submit applications for funding. Issuance of this APS does not constitute an award commitment on the part of the USG nor does it commit the USG to pay for costs incurred in the preparation and submission of an application. Further, the USG reserves the right to reject any or all applications submitted.

II. OBJECTIVES and APPROACHES

This APS targets 4 specific areas related to HIV/AIDS:

- 1) Prevention of HIV transmission
- 2) Treatment of AIDS and associated conditions

- 3) Palliative Care for HIV infected individuals
- 4) Care for AIDS Orphans and Other Vulnerable Children

A. Program Objectives

In support of the South Africa Government's *HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005*, <http://www.doh.gov.za/aids/index.html> (and click on National AIDS Unit in left column), the objectives of the US Government's HIV/AIDS program supported through this APS in South Africa are:

- 1) to prevent HIV transmission through one or more of the following activities: a) promote safe and healthy sexual behavior in HIV infected and uninfected individuals; b) improve the management and control of sexually transmitted diseases; c) reduce mother to child HIV transmission; d) address unsafe medical practices and blood safety; e) provide appropriate post-exposure services; and f) improve access to voluntary counseling and HIV testing;
- 2) to provide quality comprehensive evidence-based HIV disease management services for South Africans through private and/or public sector providers (these services may include, for example, the provision of ARV drugs, treatment counseling, laboratory support and other related services);
- 3) to improve the quality of life of HIV infected individuals and their families, through the prevention and relief of suffering, pain and other physical, psycho-social and spiritual problems associated with life-threatening illness; and,
- 4) to provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children to help assure they grow up to be healthy, educated and socially well-adjusted adults.

Additional important program objectives address USG priorities of sustainability, capacity building and institutional strengthening in the public and private health sectors in South Africa.

B. Strategic Approach

Because the overall goal of this APS is to support the provision of sustainable high-quality services for South Africans, proposed strategic approaches should address specific needs with practical, pragmatic business plans for implementation. Although research is not a principle objective of this APS it is recognized that strong applications may include some research components to empirically measure success and identify effective strategies or programs for future expansion.

Public-Private Alliances

The formation of public-private alliances to address the objectives of this APS is specifically encouraged. A "public-private alliance" occurs when the application includes a commitment of material and significant non-USG resources that will allow the program to more fully address the challenges in South Africa as outlined in this solicitation. An example of an alliance relationship would be an application that

included in its budget plan at least a one-to-one matching of USG resources with non-governmental resources. Resources may be defined as cash or in-kind and applicants submitting alliance applications are encouraged to be innovative. Such alliances are expected to bring together partners who will jointly define the problem, strategy and solution to capitalize on combined knowledge, skills, expertise and resources of the partners. Additional information on alliances can be found at:

http://www.usaid.gov/our_work/global_partnerships/gda/.

Formation of Consortia

Applications may be submitted by consortia of service providers to achieve administrative resource efficiencies and beneficial associations. Other organizations might apply for funds that would then be managed and disbursed to smaller “grass-roots” organizations to provide community based services. An example of this would be a group of faith-based organizations that might band together to submit a single application with centralized resource management to provide HIV/AIDS services through many providers.

Comprehensive Programming

Applications that address multiple program objectives are strongly encouraged. For example, a responsive application might build on a program that provides PMTCT services to add treatment for HIV+ mothers and their families and to provide care for terminally ill individuals and vulnerable children. The provision of mentoring among organizations (South African and non-South African) with skills to share is strongly encouraged to enhance South African capabilities and program sustainability.

Capitation

Private health care providers, professional associations and private companies with health service capacity also could respond to this APS to provide treatment, prevention and/or care services on a capitation basis to individuals not directly employed by those entities. Such applications would be particularly responsive if the budget plans included cost-sharing or complementary resource provision.

These are only examples of responsive strategic approaches and applicants are encouraged to propose other innovative solutions to problems of HIV management and care.

C. Example Subject Areas

Specific areas for funding might include those listed in Annex 1. These are provided only as examples of the kinds of activities relevant to this APS and are not exclusive nor are they necessarily targeted for funding. Interested parties are encouraged to submit applications that propose an integrated comprehensive approach that addresses more than one of the 4 specific target areas listed at the beginning of this section of the APS. For example, applicants may consider specific geographic areas and develop a comprehensive approach that combines HIV and AIDS prevention; HIV related treatment care and support; referral to follow up services; and support of palliative care and children affected by HIV/AIDS.

Applications also could be accepted to provide program review and monitoring services such that the grantee might assist interested parties as they seek to identify program successes and to document lessons learned. Such efforts would be undertaken in consultation with USG Agencies in South Africa.

D. Program Indicators

All applications must include specific, detailed plans to monitor and document program performance. The USG in South Africa will evaluate progress by monitoring selected indicators (initial indicators are listed in table 1) and assessing these in relation to targeted program objectives, as listed in this APS. A limited set of program monitoring indicators will be used to track the progress of key USG-funded activities, and are based on administrative records, project reports, and routine logistical and facility-based information systems. Applications for funding under this APS should state clearly how proposed activities relate to these program objectives and how data will be tracked, collected, verified and reported to document progress toward these objectives. Applicants should be prepared for revisions in required program indicators and reporting requirements during the lifetime of the award and as part of project closeout processes.

Applicants are encouraged to include in their application the measurement of reporting of additional indicators of program progress effectiveness. In addition to reporting on the relevant indicators listed in table 1, the following illustrative indicators also may be included in the application:

Sample Prevention indicators:

- Number of VCT sites
- Number of persons visiting VCT sites
- Number of persons undergoing HIV testing at VCT sites
- Number of new per education programs; number of teachers trained
- Number of new HIV/AIDS workplace programs supported

Sample Treatment indicator:

- Rate of ART adherence

Sample Palliative Care indicators:

- Number of individuals receiving comprehensive palliative care through Home-Based Care
- Number of individuals receiving comprehensive palliative care through Hospice Care
- Number of individuals trained - HPCA/SAQA accredited palliative care curriculum
- Number of individuals receiving palliative care from HPCA and SAQA accredited providers

PEPFAR indicators that must be measured (where appropriate depending on the program objectives being addressed by an individual program):

Table 1. Program Monitoring Indicator Framework												
Indicator Type	MTCT	AB	Med Transm		Other	ARVs	Clinical Care	VCT	Labs	Palliative Care	OVC	Strategic Info
			Blood	Inject	Prev							
Total # of Facilities/Venues providing service	X	X	X	X	X	X	X	X	X	X	X	X
# of new Facilities/Venues providing service	X	X	X	X	X	X	X	X	X	X	X	X
# of new clients served						X						
Total # of clients served	X	X	X	X	X	X	X	X		X	X	
Total # of current clients in continuous services for more than 12 months						X						
Total # of persons trained or retrained	X	X	X	X	X	X	X	X	X	X	X	X

1. Program monitoring indicators based on program data/reports, routine facility-based MIS, logistical MIS and facility surveys Abbreviations

MTCT Mother-to-Child transmission
AB Abstinence and Being faithful
Med Transm Medical Transmission, Blood and Injection Safety
Other Prev Other Prevention Program

ARVs Antiretrovirals
VCT Voluntary Counseling and Testing
OVCs Orphans and Vulnerable Children

Sample Orphans and Vulnerable Children indicators:

- Number of OVCs with access to community services
- Numbers of OVCs receiving assistance and/or support that meets standard quality criteria
- Number of orphans receiving services
- Nutritional status of OVCs under school going age (< 6 years)
- Number of OVCs enrolled in and attending school

III. PARTNERSHIPS

Applicants are strongly encouraged to form, describe and document partnerships with government (at all levels), NGOs, civil society, Peace Corps/South Africa, and other relevant groups. The USG encourages organizations considering submitting applications to this APS to explore the potential of forming partnerships with developed country academic institutions, hospitals, health providers and others with established expertise. Applicants also are encouraged to make use of volunteers (with or without pay) to the greatest extent feasible, possibly by placing and supervising volunteers in beneficiary organizations and communities to ensure the development and use of appropriate management, financial, monitoring & evaluation systems; and/or by using volunteers to support planning and strategy development at either the organizational or grassroots level. Applications that involve Peace Corps (www.peacecorps.gov) or Volunteers for Prosperity (www.vfp.gov) in South Africa are encouraged.

IV. SUBSTANTIAL INVOLVEMENT

Should a cooperative agreement be awarded instead of a grant the USG may be substantially involved in the award in the following ways:

- 1) Approval of the recipient's Implementation Plans.
- 2) Approval of specified key personnel.
- 3) Agency and recipient collaboration or joint program implementation.

Where there are specific elements in the proposed program for which the USG's technical knowledge would benefit the recipient's successful accomplishment of stated program objectives, the direct provision of USG expertise and ongoing USG participation in the program could be authorized. If a grant is awarded instead of a cooperative agreement, the grantee may be invited to utilize U.S. Government and other expertise.

V. ELIGIBILITY

Non-governmental organizations that have demonstrated technical skills, experience and the necessary management competence to plan and efficiently execute HIV/AIDS assistance programs using mutually agreed, international standards of accountability. Eligible organizations could include, for example, foundations, faith-based organizations, private organizations affiliated with public academic institutions, South

African and international non-governmental organizations, private companies, professional associations, and consortiums of the above, among others.

VI. TWO TIERED REVIEW PROCESS

Applicants will participate in a two tiered review process as detailed below. A favorable evaluation of the concept paper, as described in Tier I of the review process, is not an indication that funding eventually will be awarded. Only full applications that have been invited following a Tier I review will be considered for further review and funding. For all submissions in Tier I and II, one original and two copies are required. All submissions must include the proposed project title and an indication of the APS objectives the application is intended to address. Applications must be sent to:

PEPFAR South Africa Secretariat
c/o U.S. Embassy
877 Pretorius Street, Arcadia
P.O. Box 9536
Pretoria 0001
South Africa

Applicants may post queries and obtain clarifications through the US Government's Mission to South Africa PEPFAR website:

<http://southafrica.usembassy.gov/wwwhids.html>. Applicants are encouraged periodically to check this website for updated information related to the program and application preparation advice.

Tier I: Concept Paper and Summary Budget

All interested applicants must submit a concept paper in English of not more than 5 pages. This will serve as an initial application. This concept paper must include an executive summary that describes how the proposed project will address directly one or more of the APS-defined objectives, what partnerships if any will be involved in the project, proposed strategies and activities for implementation, and a summary budget which specifies the maximum amount of funding required over a specified time period. Tier I applications should not include specific and detailed budgets.

If pharmaceuticals will be procured in execution of the proposed project, a plan for procurement, distribution, and management should be outlined. Guidelines or policies on drug procurement in relation to this program are in development.

Applicants wishing to include such procurement in their application are strongly encouraged to consult the US Government's Mission to South Africa PEPFAR website (<http://southafrica.usembassy.gov/wwwhids.html>) for current guidance.

Based on review of the Tier I concept paper including the summary budget, those submitting applications deemed to be sufficiently responsive to this APS will be invited to prepare and submit full applications using the format described below.

Tier II: Final Application and Detailed Budget

STRUCTURE AND CONTENT OF APPLICATIONS ¹

Applications that are most responsive to this APS will include one or more of the following elements:

Significant South African leadership and involvement

Actions to enhance South African infrastructure, personnel and institutions to increase its ability to address the challenges of HIV/AIDS on a long-term basis

A clear plan for long-term sustainability following completion of the proposed project

Strategies to reach multiple segments of South African society, especially previously disadvantaged communities, those most affected by HIV/AIDS and underserved regions

A commitment to reach significant numbers of individuals with services within the first six months of the program

Partnerships that link organizations or programs with complementary skills, capabilities and resources to enhance outcomes and conserve resources

Plans to integrate activities into ongoing priorities and goals of governmental entities. Statements of support from governmental entities are encouraged.

A detailed description of how the progress and achievements of the program will be monitored, measured and assessed must be included. Invited full applications must be in English and not exceed 30 pages excluding attachments (e.g. résumés and the cost application). Applicants are cautioned that submitting superfluous material as attachments will detract from their application. The following format should serve as a guideline:

- **Table of Contents listing all page numbers and attachments**
- **Project Abstract not to exceed a one page description**

A. Project Management

Proposed personnel and partners

Applications should include information on key personnel, including name and a short description of experience and capacity relevant to the project description.

Applications from non-South African applicants should include the names of proposed South African implementing partner(s) and the personnel the partner(s) are proposing. Full CVs of all key personnel must be provided as attachments.

¹Applicants are encouraged to visit the following website for preparing applications for results-oriented grants: <http://www.usaid.gov/pubs/sourcebook/usgov/>

B. Technical Approach/Intended Results

Detailed implementation plan

Applications must be consistent with current policies and guidelines provided at <http://southafrica.usembassy.gov/wwwhids.html> and at links specified at that site.

Applications should describe in detail implementation plans related to the methodologies included in the project description, showing the phasing or dates by which planned activities would be carried out as well as proposed indicators to assess the progress of the program. The implementation plan should include or describe in detail the following:

- Description of all planned activities including
 - Sequence of activities;
 - Timeframes for implementing each activity;
 - Outcome of each activity;
 - Impact on gender;
 - Impact on disadvantaged communities;
 - Involvement of alliances/partners/twinning;
 - Sustainability plan
- A monitoring and evaluation plan showing how
 - Outcomes will be measured;
 - Outcomes will contribute to results;
 - Baseline information will be collected;
 - Methods for mid-term and end of project evaluations.

B. Past Performance/Past Experience:

The Applicant must submit contact information of at least three (3) partners with whom they have worked in the past three (3) years in the implementation of a similar program. The reference information must include the location, current telephone numbers, points of contact, award number if available, and a brief description of work performed.

D. Costs:

The cost application as an attachment should detail all direct costs associated with the implementation and completion of activities, as well as any indirect costs and program costs such as those related to any sub-agreements and/or contracts. Indirect costs shall not be included for local NGOs. Local costs must be denominated in local currency. The US dollar equivalent must be indicated for all local costs. The applicable exchange rate will be conveyed to the applicant in the Tier II invitation letters. All cost share contributions must be reflected separately and clearly defined in the budget.

- Attachments (annexes) should be lettered e.g. Attachment A, and can include the resumes of key personnel, letters of support, documentation of partnerships and alliances, letters from public entities, and other supporting documents.

VII. EVALUATION CRITERIA

The following are the evaluation criteria against which all applications will be measured. A peer review committee of both US Government personnel and South African experts will participate in the final selection.

A. PROGRAM MANAGEMENT: 20 points

- In the spirit of sustainability and development of local capacity, it is anticipated that expatriate involvement will be limited to home office oversight with limited visits to South Africa and that implementation will be carried out by the South African partner organization(s) named in the application and that emphasis will be on South African staff.
- A dedicated Project Manager must be named who will be able to devote adequate time to the management of the activity proposed in the application. The Project Manager should have extensive experience in areas relevant to the successful implementation of the proposed activity.

B. TECHNICAL APPROACH/INTENDED RESULTS: 35 points

- Demonstrated understanding that activities will contribute substantially to the objectives of this program, as outlined above.
- Where integrated programs are proposed, demonstrated understanding of comprehensive, interwoven approach.
- Proposed implementation plan, inputs and outputs are realistic and achievable within the proposed budget and timeframe.
- Demonstrated understanding of affected and infected HIV/AIDs population in South Africa.
- Proposed monitoring and evaluation plan that includes milestones and expected accomplishments, with measurable output and performance indicators.
- Ability to leverage public-private alliances/partnerships/twinning with other entities.
- Proposed plan addressing the positive impact on the socio-economic status of women, any differential impacts on men and women and methods for measuring these impacts. Applicant must also demonstrate how the proposed activities will integrate and support disadvantaged gender groups and show how progress and impact will be tracked, measured and reported.
- The likelihood that the programs being supported will continue beyond and without USG funding should be addressed in detail.

- The extent to which the organization addresses the needs of “disadvantaged communities” and builds capability within these communities.

C. PAST PERFORMANCE/PAST EXPERIENCE: 30 points

- Demonstrated capacity of Applicant to manage (technically, administratively and financially) a project of similar type and complexity and to deliver the required results.
- Prior demonstrated experience of applicant in activity implementation, developing, tracking and analyzing performance indicators and in managing performance indicator data to ensure audit-worthiness.
- Applicant must demonstrate an understanding of HIV/AIDS issues affecting South Africa; and demonstrate established contacts and links with South African organizations to facilitate immediate program implementation.
- Prior demonstrated experience in working collaboratively with diverse stakeholders from the governmental and non-governmental sectors, and in bringing such groups into dialogue.

D. COST – cost effectiveness, cost realism and cost share 15 points

- Cost effectiveness - The Applicant’s demonstration that proposed results will be achieved with the most efficient use of available resources.
- Cost realism – That the Applicant’s technical approach supports the costs proposed.
- Cost share (may include partnerships or alliances)

VIII. AWARD

Final negotiations and award will be made by any one of the USG Agencies participating in this program.

IX. ADMINISTRATION OF AWARDS

Awards may be administered by any one of the USG Agencies participating in this program. For USAID, awards to US-NGOs will be administered in accordance with 22CFR226 and awards to non-US NGOs will be administered in accordance with applicable standard provisions. For CDC, awards will be administered in accordance with 45CFR74 and OMB Circulars.

X. AUTHORITY

This program is authorized in accordance with the Foreign Assistance Act of 1961 (as amended). United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25, May 27, 2003).

Examples of the kinds of activities relevant to this APS:

- Preventing Mother to Child HIV Transmission (PMTCT)
- Blood Safety and Universal Precautions
- Post Exposure Prophylaxis (PEP) particularly following rape or occupational exposure
- Defining and reducing HIV-associated stigma
- Behavioral Interventions including Abstinence Promotion, and Behavioral Change Communication
- HIV/AIDS education and prevention among youth, women, professionals, prison populations, mobile workers and others at high risk for infection
- Condom Promotion and provision
- Substance Abuse Prevention and Treatment to reduce HIV risk
- Expansion of Voluntary HIV Counseling and Testing (VCT) services and capacities particularly in underserved areas or where AIDS treatment is being instituted
- Programs to assist or utilize faith-based communities as they endeavor to reduce new HIV infections, support AIDS treatment and participate in the provision of care
- Support for the development of consensus on national guidelines for clinical care for adults and children, management of opportunistic infections, laboratory monitoring and testing, nutrition, referral, and adherence counseling;
- Treatment of opportunistic infections including TB and sexually transmitted infections;
- Measures to improve TB diagnosis and treatment among HIV+ individuals;
- Direct provision and monitoring of ARV therapy;
- Facility/Site identification and enhancement to provide ARV treatment or AIDS care services;
- Basic and continuing education and training for qualified doctors, nurses, counselors, pharmacists;
- Pharmaceutical procurement, distribution and tracking systems;
- Referral systems from entry points (i.e., for Prevention of Mother to Child Transmission (PMTCT), voluntary counseling and testing (VCT), support groups, home-based care, hospitals, clinics) to treatment sites;
- Partnerships to support comprehensive HIV/AIDS workplace programs;
- Infrastructure support including renovation and construction;
- Information Technology for data management and clinical decision making;
- Counseling for adherence/compliance and side effects;
- Laboratory services to service public and private/public partnerships;

- Monitoring and evaluation to include, at a minimum, pharmacovigilance; (reporting to the Medicines Control Council), individual patient monitoring, monitoring of treatment sites, and operational research; and
- Communication programs including mass media, community information and education, and interpersonal programs to promote HIV education and treatment literacy to support the anticipated expansion of HIV treatment including antiretroviral medications;
- Community outreach and involvement for support of care and treatment.
- Conduct new and innovative mass media and behavioral change campaigns in underserved areas;
- High-quality standardized palliative care services, training and expansion of care providing capacity;
- Improve linkages and referral mechanisms between the different levels of health care (central, provincial, district, hospitals, clinics, home-based care etc...) and to services outside formal health care settings;
- Interventions that focus on community/home based care networks to provide care for OVC;
- Programs to assist families and OVCs to cope with HIV-related problems, such programs might include the provision of home-based care kits, food and medications;
- Programs that work with governments to protect the most vulnerable children and provide essential social services;
- Integrated initiatives that respond to the nutritional, housing, security, social and educational needs of OVCs, especially in community settings;
- Programs to assure OVC providers meet the highest ethical standards to fully protect OVCs from deprivation and exploitation.

These examples are not exclusive nor are they necessarily targeted for funding.